IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE:

OSCAR RUBEN SOTO MARQUEZ

CASE NO. 15-04471/ESL

CHAPTER 7

DEBTOR

DEBTOR'S MOTION AND NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J" AND CERTIFICATE OF SERVICE

TO THE HONORABLE COURT:

NOW COMES, OSCAR RUBEN SOTO MARQUEZ, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1. The debtor is hereby submitting *Amended Schedules "I"* & "J", dated July 16th, 2016, herewith and attached to this motion.
- 2. These amendments to Schedules "I" & "J" are filed <u>to state debtor's</u> actual income and expenses.

NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9013(c) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-Notice of Amended Schedules "I" & "J" Case no. 15-04471/ESL7

CERTIFICATE OF SERVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 16th day of July, 2016.

/s/ Roberto Figueroa Carrasquillo
ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
ATTORNEY FOR PETITIONER
PO BOX 486
CAGUAS PR 00726
TEL 787-744-7699
FAX 787-746-5294

EMAIL: rfigueroa@rfclawpr.com

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ī	ll in this information to identify your ca	ıse:		E VOLTEGER					
D	ebtor 1 OSCAR RUE	BEN SOTO MARQUE	Z			7			
1.750	ebtor 2 pouse, if filing)								
Ur	nited States Bankruptcy Court for the:	DISTRICT OF PUER	TO RICO						
	ase number 3:15-bk-4471					Check if this	is:		
(If I	(nown)		_			■ An amer			
	Official Form 106I					☐ A supple		ng postpetition o	chapter 13
9.						MM / DD	/ YYYY		
	chedule I: Your Inco								12/15
spo atta	buse. If you are separated and your ach a separate sheet to this form. O Describe Employment	spouse is not filing wit	ig jointly, and your	spouse	is livi	ng with you, inc	ude inform	nation about yo	our
1.	Fill in your employment information.		Debtor 1		.141	Debto	r 2 or non-1	filing spouse	
	If you have more than one job,	Employment status	Employed			□ Em	ployed		
	attach a separate page with information about additional	th Employment status	□ Not employed			□ Not			
	employers.	Occupation	Technical Con	structio	n				
	Include part-time, seasonal, or self-employed work.	Employer's name	Autoridad De l						
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 41029 San Juan, PR	00940-1	029				
		How long employed th	iere? 23 yea	ırs					
Pai	d 2: Give Details About Mont	hly Income							36
f yo	mate monthly income as of the date ss you are separated. u or your non-filing spouse have more be, attach a separate sheet to this form	e you file this form. If you							
						For Debtor 1	For De non-fill	btor 2 or ing spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, cal-	, and commissions (bef culate what the monthly v	ore all payroll vage would be.	2.	\$	3,900.00	\$	N/A	
3.	Estimate and list monthly overtime	ie pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add line	2 + line 3.		4.	\$	3,900.00	\$_	N/A	

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50	btor 1	SOTO MARQUEZ, OSCAR RUBEN		C	ase numbe	(if known)	3:15-bk-	-4471
	Сор	y line 4 here	4.	25	For Debto			ig spouse
_	Lint		Te	100	·	,900.00	\$	N/A
5.		all payroll deductions:						
	5a. 5b.	Tax, Medicare, and Social Security deductions	5a.		\$	493.92	\$	N/A
	5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b.		\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5c.		5	0.00	\$	N/A
	5e.	Insurance	5d.		<u> </u>	0.00	\$	N/A
	5f.	Domestic support obligations	5e.		§	0.00	\$	N/A
	5g.	Union dues	5f.	9		0.00	\$	N/A
	5h.	Other deductions. Specify: Cuota Conserva	5g. 5h.			0.00	\$	N/A
		F Unidos				4.00	+ \$	N/A
		Org Policia		5		20.00	s —	N/A N/A
		Retiro Hibrido		\$	3	390.00	s —	N/A
		Seg Inc		. \$		9.76	\$	N/A
		Prestamo Retiro		\$		111.22	\$	N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,	053.90	\$	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,	346.10	\$	N/A
8.	List a 8a. 8b.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	8a.	\$		0.00	\$	N/A
	8c.	The state of the s	8b.	\$		0.00	\$	N/A
		Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	nt 8c.	\$		0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$		0.00	\$	N/A
	8e. 8f.	Social Security	8e.	\$		0.00	s	N/A
	OI.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	S		0.00	\$	NVA
	8g.	Pension or retirement income		S		0.00	š	N/A N/A
	8h.	Other monthly income. Specify: Christmas Bonus \$2,500.00/12	8h.+	\$	2	08.34	. 1286	N/A
€.	Add a	ill other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	2	08.34	\$	N/A
10.		late monthly income. Add line 7 + line 9. ne entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,054.4	4 + \$_	N/A	3,054.44
1.	State Include	all other regular contributions to the expenses that you list in Schedule e contributions from an unmarried partner, members of your household, your criends or relatives.	e <i>J</i> . dependent	s, y	our roomm	ates, and		
		t include any amounts already included in lines 2-10 or amounts that are not a	vailable to	pay	expenses	listed in S	Schedule J. 11.	+\$ 0.00
2.	Add th Write t	ne amount in the last column of line 10 to the amount in line 11. The resthat amount on the Summary of Schedules and Statistical Summary of Certain	sult is the n Liabilities	com s an	bined mo d Related	nthly inco Data, if it	— me. applies 12.	\$ 3,054.44
	Do yoi	u expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?					Combined monthly income

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Fill	in this information to identify your case:					
Del	otor 1 OSCAR RUBEN SOTO MARQUEZ		Check if this is:			
			Ar	n amended filing		
1000	ouse, if filing)		□ A ex	supplement show penses as of the	ing postpetition chapter 13 following date:	
Uni	ted States Bankruptcy Court for the: DISTRICT OF PUERTO RICO		M	M / DD / YYYY		
	se number 3:15-bk-4471					
(If k	nown)					
0	fficial Form 106J					
S	chedule J: Your Expenses				12/15	
Be info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this for nown). Answer every question.	filing together, both a orm. On the top of any	are equally r additional	esponsible for s pages, write you	unphine correct	
Par 1.	Describe Your Household Is this a joint case?					
	No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate household?					
	□ No					
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses f	for Separate Household	of Debtor 2.			
2.	Do you have dependents? \square No					
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?	
	Do not state the	For the opening the filling was compacted to consider 12 or \$2000.	CHLITRIP CHEMINIQUESCOS		■ No	
	dependents names.	Son		22	☐ Yes	
		Daughter		18	■ No	
		Daughter	·······························	10	☐ Yes ☐ No	
					☐ Yes	
					□ No	
					☐ Yes	
3.	Do your expenses include expenses of people other than yourself and your dependents?					
Pari	2: Estimate Your Ongoing Monthly Expenses					
Esti exp	mate your expenses as of your bankruptcy filing date unless yo enses as of a date after the bankruptcy is filed. If this is a supple licable date.	u are using this form a emental <i>Schedule J</i> , ch	as a supple neck the box	ment in a Chapte x at the top of the	er 13 case to report e form and fill in the	
Incl	ude expenses paid for with non-cash government assistance if y	ou know the	1931204	kasalwa 192		
valu	e of such assistance and have included it on Schedule I: Your li					
Off	icial Form 106l.)			Your expe	nses	
4.	The rental or home ownership expenses for your residence. Including payments and any rent for the ground or lot.	clude first mortgage	4. S _		602.00	
	If not included in line 4:					
	4a. Real estate taxes		4a. \$		0.00	
	4a. Real estate taxes4b. Property, homeowner's, or renter's insurance		4a. \$ - 4b. \$		0.00	
			737 THE STATE OF THE PARTY OF T		0.00 0.00 70.00	
5.	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00	

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Debto	1 SOTO MARQUEZ, OSCAR RUBEN	Case nu	mber (if known)	3:15-bk-4471
6. I	Jtilities:			
1570 i	a. Electricity, heat, natural gas	e-	. S	450.00
6	b. Water, sewer, garbage collection		. \$	150.00
6	c. Telephone, cell phone, Internet, satellite, and cable services		. \$	50.00
6	d. Other Specify:		. \$. \$	217.00
. F	ood and housekeeping supplies		. \$	0.00
	Childcare and children's education costs			275.44
	Clothing, laundry, and dry cleaning		. \$	150.00
	ersonal care products and services		. \$	60.00
	Medical and dental expenses		. \$	45.00
	ransportation. Include gas, maintenance, bus or train fare.	11	. \$	40.00
ر. ر ا	o not include car payments.	12	. \$	280.00
3. E	intertainment, clubs, recreation, newspapers, magazines, and books		. \$	
4. 0	haritable contributions and religious donations		The second second	60.00
	surance.	14	. \$	0.00
	to not include insurance deducted from your pay or included in lines 4 or 20.			
1	5a. Life insurance	15a	. s	0.00
1	5b. Health insurance	15b		0.00
1	5c. Vehicle insurance	15c	and the same of th	
1	5d. Other insurance. Specify:	15d	1 979	0.00
	axes. Do not include taxes deducted from your pay or included in lines 4 or 20.	130	*	0.00
S	pecify:	16.	\$	0.00
7. II	stallment or lease payments:		*	0.00
	7a. Car payments for Vehicle 1	17a.	S	0.00
1	7b. Car payments for Vehicle 2	17b		0.00
	7c. Other. Specify:	17c.		0.00
1	7d. Other. Specify:	17d.	- 1919 - <u></u>	0.00
	our payments of alimony, maintenance, and support that you did not report as		-	0.00
d	educted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	700.00
9. C	Other payments you make to support others who do not live with you.		ş	0.00
S	pecify:	19.	-	0.00
). O	ther real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: You	ır Income.	
2	Da. Mortgages on other property	20a.		0.00
	Db. Real estate taxes	20b.	\$	0.00
	Oc. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Dd. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20	e. Homeowner's association or condominium dues	20e.	S	0.00
. 0	ther: Specify: Lunch At Work (Debtor)	21.	+\$	260.00
В	arber (Debtor)		+\$	35.00
E	mergency Funds		+\$	40.00
		78	+\$	0.00
_				0.00
	alculate your monthly expenses		l	
	Pa. Add lines 4 through 21.		\$	3,054.44
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		s	3,054.44
c	alculate your monthly net income.			
	ia. Copy line 12(your combined monthly income) from Schedule I.	220		B AB 4 4 4
	b. Copy your monthly expenses from line 22c above.	23a.		3,054.44
۷,	oopy your monthly expenses from line 220 above.	23b.	-\$	3,054.44
25	Subtract your monthly expenses from your monthly income			
20	c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	s	0.00
	The result is your monthly her income.	230.		0.00
Fc	you expect an increase or decrease in your expenses within the year after you r example, do you expect to finish paying for your car loan within the year or do you expect your additication to the terms of your mortgage?	u file this f mortgage p	orm? payment to increase	se or decrease because of a
	\$1.00 to 1.00			
8	No.			

Debtor 1 -	OSCAR RUBEN S	SOTO MARQUEZ	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	DISTRICT OF PUERTO RICO	
Case number	3:15-bk-4471		

Check if this is an amended filling

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attor	rney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the sum	mary and schedules filed with this declaration and
that they are true and correct.	
OSCAR RUBEN SOTO MARQUEZ Signature of Debtor 1	Signature of Debtor 2
Date July 16, 2016	Date

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Label Matrix for local noticing 0104-3 Case 15-04471-ESL7 District of Puerto Rico Old San Juan Fri Jul 15 13:38:31 AST 2016 UNITED STATES TRUSTEE 500 TANCA ST STE 301 Quantum3 Group LLC as agent for Sadino Funding LLC PO Box 788 Kirkland, WA 98083-0788

SCOTIABANK DE PUERTO RICO FORTUNO & FORTUNO PAS PO BOX 9300 SAN JUAN, PR 00908-0300

SAN JUAN, PR 00901-1922

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Caribbean Finance Retail Services PO Box 9046 Caguas, PR 00726-9046 Claro PO Box 360998 San Juan, PR 00936-0998

FIRST BANK
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION-(CODE 248)
PO BOX 9146, SAN JUAN PR. 00908-0146

First Bank Of Puerto Rico PO Box 9146 San Juan, PR 00908-0146 GURA COOP PO BOX 678 GURABO PR 00778-0678

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ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d) Quantum3 Group LLC as agent for Sadino Funding LLC PO Box 788 Kirkland, WA 98083-0788 End of Label Matrix
Mailable recipients 21
Bypassed recipients 1
Total 22